

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 163

Registered No. _____

1. PLACE OF BIRTH

County Gila State ArizonaTownship _____ or Village RiceCity _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Esther Patten { If child is not yet named, make supplemental report, as directed3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth 3-14-30, 19____
(Month, day, year)9. Full name FATHER Albert Patten 18. Full maiden name MOTHER Eliza Calgo10. Residence (usual place of abode) Rice 19. Residence (usual place of abode) Rice
(If nonresident, give place and State) (If nonresident, give place and State)11. Color or race 4/4 12. Age at last birthday 28 (Years) 20. Color or race 4/4 21. Age at last birthday 23 (Years)
Apache Indian Apache Indian13. Birthplace (city or place) San Carlos 22. Birthplace (city or place) San Carlos
(State or country) Ariz. (State or country) Ariz.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 1 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 427. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ or weeks _____ 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was report alive at 4:20 P.m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. R. Ruppel, M. D.

or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address _____ Filed 7/11, 1930 J. R. Ruppel Registrar.

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